

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NW	7632	05-01-00
O.I.P.E. CLASSIFIER	SW		5/1
FORMALITY REVIEW		71622	7-6-00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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APPLICANTS  
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**WARNING:**  
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 Form PTO-436A (Rev. 6/99)